logical overarousal reactions, such as cardiovascular irregularities, panic and anxiety disorders (Gold & Pottash, 1981).

The LC alpha adrenergic-blocking properties of clonidine are thought to account for this drug's usefulness in treating such disorders as hypertension, panic disorder and drug withdrawal. It is therefore intriguing that, as Bleich *et al* point out, and as has been reported by others (e.g. Borison *et al*, 1979; Cohen *et al*, 1980), clonidine is effective in the treatment of some TS patients. If, as Bleich *et al* suggest, disorders like TS, which involve compulsive thought and action, are due to abnormalities in brainstem catecholamine systems (which, in part, renders them sensitive to clonidine), then the recurring sensory tension-motoric release experiences reported in some TS patients could be seen as actual brief withdrawal episodes in a rapidly-cycling auto-addiction syndrome. For those who study and treat both drug addition and compulsive neurobehavioural disorders, this possibility deserves further examination.

LAURENCE MILLER

Fair Oaks Hospital,
19 Prospect Street,
Summit, New Jersey 07901

References

BLISS, J., COHEN, D. J. & FREEDMAN, D. X. (1980) Sensory experiences of Gilles de la Tourette syndrome. *Archives of General Psychiatry*, **37**, 1343–1347.

BORISON, R. L., ANG, L. & CHANG, J. G. (1979) Clonidine in Tourette syndrome. *Lancet*, **2**, 551–552.

COHEN, D. J., SHAYWITZ, B. A. & YOUNG, J. G. (1980) Clonidine ameliorates Gilles de la Tourette syndrome. *Archives of General Psychiatry*, **37**, 1350–1357.

GOLD, M. S. & DACKIS, C. A. (1984) New insights and treatments: Opiate withdrawal and cocaine addiction. *Clinical Therapeutics*, **7**, 6–21.

—— & POTTASH, A. L. C. (1981) Endorphins, locus coeruleus, clonidine and lofexidine: A mechanism for opiate withdrawal and new nonopiate treatments. *Advances in Alcohol and Substance Abuse*, **1**, 33–52.

What Price Psychotherapy?

DEAR SIR,

An exchange of views between Professor Shepherd and ourselves in the *Journal* columns may be useful in bringing the debate about the effectiveness of psychotherapy to the fore but is unlikely to facilitate progress in determining how the issue should best be tackled in terms of evaluating existing knowledge and conducting research in the future. Lambert and I (*Journal*, January 1985, **146**, 96–98) remain persuaded that the views we expressed in our rejoinder to Professor Shepherd (*British Medical Journal*, 1984, **288**, 809–810) are valid. Professor Shepherd no doubt will stick to his guns.

Perhaps the most constructive next step to take is one we seem to agree about: Shepherd refers to the need for a "vigorous initiative on the part of the College" to examine the nature and role of psychotherapy (*Journal*, May 1985, **146**, 555–556); Lambert and I suggest that "psychotherapy requires an unswerving commitment to its intelligent and rigorous study as well as the exploration of new paradigms for research". Shepherd feels that the appraisal should not be left to the psychotherapist alone; we indicate that psychiatrists *generally* can "play a crucial, constructive role".

Would it therefore not be reasonable and timely for the College to launch an objective, scientific study of the current status of psychotherapy and of future research options? The Australian and New Zealand College of Psychiatrists has demonstrated through its Quality Assurance Project (see for example the *Australian and New Zealand Journal of Psychiatry*, 1983, **17**, 129–146) that such a project is both feasible and worthwhile.

SIDNEY BLOCH

Warneford Hospital,
Oxford OX3 7JX

Transcultural Psychiatry

DEAR SIR,

Apropos of Roland Littlewood's passionate plea (*Journal*, July 1985, **147**, 93) for closer examination of the exotic phenomena beloved by transcultural psychiatrists, I was amused by the following entries on the subject of *whitigo (windigo)* in the latest edition of *Comprehensive (sic) Textbook of Psychiatry IV* (Kaplan & Sadock, 1985):

Having treated "a sizeable number of Cree Indians" without ever encountering a patient presenting with *whitigo*, H. E. Lehmann (Vol. II, 1235) considers the disorder to have become "extremely rare... if it exists at all. In the most comprehensive review (not cited) of this condition, one author in 1961 collected some 70 cases from Canada." A. R. Favazza (Vol. I, 258), however, concludes from "a thorough review" (again not cited) that since "no case of *windigo* psychosis has ever been observed by an anthropologist or psychiatrist... it is extremely unlikely that (any) has ever existed"!

Davis (1983), on the other hand, has gathered fascinating laboratory evidence that, together with fieldwork and existing medical literature, argues strongly for an "ethnopharmacological basis" to the zombi phenomenon. Analysis of the potions

used by the Haitian Voudoun priests (*bokors* or *hungans*) revealed known toxins capable of inducing physical and psychological states similar to those characterised in Haiti as zombification, i.e. being raised in a comatose trance from the grave and forced to toil as a slave.

Ironically, one of the reasons for the delay in the investigation of earlier reports of *bokor* poisons seems to have been the derision social scientists poured on the Zombi phenomenon as an exotic legend served up by sensational colonial writers. Evidently the "actual phenomena which colonial psychiatry has bequeathed us" may well stand up to closer examination!

K. W. DE PAUW

Leicester General Hospital,
Gwendolen Road,
Leicester LE5 4PW

References

DAVIS, E. W. (1983) The ethnobiology of the Haitian Zombi. *Journal of Ethnopharmacology*, **9**, 85–104.

KAPLAN, H. J. & SADOCK, B. J. (1985) (eds.) *Comprehensive Textbook of Psychiatry IV*. Baltimore/London: Williams & Wilkins.

One Hundred Doctors at The Retreat: Ten Year Survival

DEAR SIR,

The cases of 100 doctors admitted to The Retreat, York, during the previous decade were reviewed in 1975 (Franklin, 1977). The findings were closely comparable with those of other studies, and included dependence on drugs and alcohol in 34 of the cases.

Outcome is difficult to assess, but continuation of registration can be taken as an indication of professional survival. At the end of the decade of admissions (1975) 73% of the patients and 83% of their controls, with 68% of the addicts among the patients, were still registered. Ten years later (1985) 43% of the patients and 73% of their controls, with 35% of the addicts among the patients, are still registered. The method used to choose controls is described in the original paper.

I am grateful to the present Medical Director of The Retreat for his helpfulness.

ROBERT A. FRANKLIN

St. Ann's Hospital,
Haven Road,
Canford Cliffs,
Poole BH13 7LN

Reference

FRANKLIN, R. A. (1977) One hundred doctors at The Retreat: a contribution to the subject of mental disorder in the medical profession. *British Journal of Psychiatry*, **131**, 11–14.

Nightmares Following Childbirth

DEAR SIR,

We have read with interest Bishay's recent paper on treatment of nightmares (*Journal*, July 1985, **147**, 67–70). May we draw attention to the problems of women who have contacted us who are suffering from severe nightmares a year or more after childbirth and whose problems are undiagnosed and untreated. They seem to have suffered excessively painful and traumatic deliveries (including forceps deliveries) often with unsympathetic staff.

We find two problems in getting help for these women. Some feel they have suffered technological rape, and are unable to talk freely to male doctors. Secondly, despite many articles on improving communication between doctors and patients, any "communication" of criticism of her previous care by the patient frequently causes antagonism and loss of therapeutic listening from the doctors she sees subsequently. In some cases we suspect psychiatric referral has been made for the purpose of labelling the patient as neurotic or hysterical in order to defuse any future complaint or litigation.

May we suggest that the therapist could start with the hypothesis that the patient just might be telling the truth, and thereby possibly identify staff behaviour or practices which may damage future patients?

BEVERLEY ANN BEECH

Association for Improvements in the Maternity Services,
21 Iver Lane,
Iver, Buckinghamshire SL0 9LH

JEAN ROBINSON

Past Chairman,
Patients' Association,
56 Lonsdale Road, Oxford

The Yellow Journal

DEAR SIR,

Ever since the *British Journal of Psychiatry* evolved from the *Journal of Mental Science*, I have had a problem. The "yellow journal" just did not stack properly: it had a creeping diathesis which caused it to slither all over my shelves. In fact, some issues would crawl right to the back of the shelf, only to be found years later when I moved office. The only answer to this problem was the expensive one of having the *Journal* bound, and even then I had the